

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 17, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Cervical fusion C5-6 and C6-7 AND Left Shoulder Arthroscopy (22551, 22552, 29826, 20938, 38220, 22845)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
723.0	22551		Prosp	1			Xx/xx/xx	xxxxx	Upheld
723.1	22552		Prosp	1			Xx/xx/xx	xxxxx	Upheld
	29826		Prosp	1			Xx/xx/xx	xxxxx	Upheld
719.41	20938		Prosp	1			Xx/xx/xx	xxxxx	Upheld
	38220		Prosp	1			Xx/xx/xx	xxxxx	Upheld
726.0	22845		Prosp	1			Xx/xx/xx	xxxxx	Upheld

TDI-HWCN-Request for an IRO- 23 pages

Respondent records- a total of 50 pages of records received to include but not limited to: TDI letter 8.28.13, WC Claim form; records 6.25.13-7.26.13; patient billing sheet, Cervical Spine MRI 2.13.13; Healthcare records 5.2.13, 8.14.12; letters 7.10.13, 8.7.13; IRO forms

Requestor records- a total of 5 pages of records received to include but not limited to: records 6.25.13, and 8.5.13

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who reported industrial injury to the neck and left shoulder on xx/xx/xx. The injured employee reported tripping on a rug and developing neck and left shoulder pain.

The injured employee was evaluated on August 14, 2012. There were subjective complaints of neck and left shoulder pain. Current medications included lisinopril. The past medical history was significant for hypertension. On physical examination of the left shoulder, there was tenderness to palpation and decreased active range of motion. Deep tendon reflexes were 2+ and equal. Sensation was intact. X-rays of the shoulder reported joint space was well maintained. The clinical assessment was contusion of the shoulder. The recommendation was to return to duties with restrictions.

An MRI scan of the cervical spine on February 13, 2013, reported:

1. At C3-C4, there was trace bulging of the disc producing mild posterior longitudinal ligament. Neural foramina were patent,
2. At C4-C5, there was a small posterior disc bulge that moderately impinged the anterior thecal sac. There was flattening of the spinal cord with mild left greater than right neural foraminal narrowing,
3. At C5-C6, there was mild vertebral body posterior disc bulge in the left paracentral area. There was mild spinal canal narrowing with flattening of the cord with moderate left neural foraminal narrowing, and
4. At C6-C7, there was disc space narrowing with vertebral body and posterior disc bulge and a superimposed disc protrusion, as well as severe left neural foraminal narrowing.

At follow-up on May 2, 2013, there were subjective complaints of pain in left shoulder region, improved with medication. The current medications included Flexeril, Tylenol No. 3, and gabapentin. On physical examination, there was tenderness over the left shoulder girdle. There was decreased active range of motion of the left shoulder. The recommendation was to continue Tylenol with codeine and Flexeril.

performed a medical evaluation on June 25, 2013. There were subjective complaints of neck and left shoulder pain. There was pain radiating down the left arm into the left hand. On physical examination, there was a negative Spurling's sign. There was impingement of the left shoulder. There was adhesive capsulitis in the left shoulder. The MRI scan was reviewed, which reported subdeltoid bursitis. There was good strength in the arms and legs. Strength was 5/5 for motor strength. Sensory was intact. The recommendation was for an anterior cervical discectomy and fusion at C5-C6 and C6-C7 and manipulation under anesthesia of the left shoulder with arthroscopic subacromial decompression. The injured employee had been treated with physical therapy and injections in the past and Tylenol No. 3, Flexeril, and gabapentin.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

After reviewing the mechanism of injury, the medical data available for review and the initial and following medical evaluations, the peer-reviewed, evidence-based, Division-mandated Official Disability Guidelines Neck and Upper Back Chapter, updated May 14, 2013, and Shoulder Chapter, updated June 12, 2013, would not support the medical necessity cervical fusion at C5-C6 and C6-C7 and left shoulder arthroscopy. The peer-reviewed, evidence-based Neck and Upper Back Chapter states cervical fusion for degenerative disc disease without radiculopathy and no evidence of instability is not supported. The diagnostic imaging reported no evidence of cervical spine instability. There is no documentation of radiculopathy on physical examination or decreased strength in a myotomal distribution, loss of relevant reflex or decreased sensation in a dermatomal distribution. There is no documentation of the lower levels of care with non-steroidal anti-inflammatory medications, cervical epidural steroid injections, or a psychosocial screen. The peer-reviewed, evidence-based Official Disability Guidelines Shoulder Chapter would not support manipulation under anesthesia of the left shoulder with arthroscopic subacromial decompression as reasonable or necessary for the compensable injury. There is no diagnostic imaging reporting any evidence of shoulder impingement. There is no documentation of the lower levels of care with non-steroidal anti-inflammatory medications or cortisone injections of the left shoulder, as required by the guidelines. Surgery is under study for adhesive capsulitis. The clinical course for this condition is considered self-limiting and conservative treatment with physical therapy and non-steroidal anti-inflammatories are used to treat adhesive capsulitis. Therefore, the URA denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES